

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		101			
2			102			
3			103			
4			104			
5			105			
6	/		106			
7			107	16		
8			108			
9			109			
10	1		110			
11			111			
12			112			
13			113			
14	1		114			
15			115			
16			116			
17			117			
18			118			
19			119			
20			120	1		
21			121		1	
22			122	1		
23			123			
24			124			
25			125			
26			126		1	
27			127			
28			128			
29		15	129			
30	1		130	1		
31			131			
32			132			
33			133			
34			134			
35			135			
36			136			
37			137			
38			138	1		
39			139			
40			140			
41			141			
42			142			
43			143			
44			144			
45			145	1		
46		16	146			
47			147			
48			148			
49			149			
50	1		150			
TOTAL IND.	33					
TOTAL DEP.	21					
TOTAL CLAIMS	44					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS